

Application No. (if known): 10/002,854

Attorney Docket No.: 62053CIP(51588)

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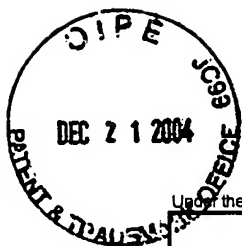
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IDS (Citation) by Applicant (5 References) (1 page)
Information Disclosure Statement
Transmittal



12-22-04

1651\$
JW

PTO/SB/21 (09-04)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/002,854-Conf. #3669	
	Filing Date	November 1, 2001	
	First Named Inventor	Mark C. Poznansky	
	Art Unit	1651	
	Examiner Name	L. B. Lankford	
Total Number of Pages in This Submission	1	Attorney Docket Number	62053CIP(51588)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	EDWARDS & ANGELL, LLP	
Signature		
Printed name	Amy M. Leahy	
Date	December 21, 2004	Reg. No. 47,739

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Dated: December 21, 2004	Signature: (Lori Giuffrida)



USE IN LIEU OF PTO/SB/17 (11-04)
Reflects USPTO filing fees in effect from 12/04

FEE TRANSMITTAL

For FY 2005

(Reflects USPTO filing fees in effect from 12/08/04)

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
180.00

Complete if Known

Application Number	10/002,854-Conf. #3669
Filing Date	November 1, 2001
First Named Inventor	Mark C. Poznansky
Examiner Name	L. B. Lankford
Art Unit	1651
Attorney Docket No.	62053CIP(51588)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order
☒ Deposit Account ☐ None

Deposit
Account
Number

04-1105

Deposit
Account
Name

Edwards & Angell, LLP

The Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or any underpayment of fee(s)
under 37 CFR 1.16 and 1.17
☒ Credit any overpayments

to the above-identified deposit account.

☐ Other (please identify):

FEE CALCULATION

1. BASIC FILING FEE

Fee Description	Fee (\$)	Small	Fee Paid (\$)
Utility Filing Fee	300	150	
Design/Design CPA Filing Fee	200	100	
Plant Filing Fee	200	100	
Reissue Filing Fee	300	150	
Provisional Filing Fee	200	100	

1a. ADDITIONAL FILING FEES

Utility Search Fee	500	250	
Design Search Fee	100	50	
Plant Search Fee	300	150	
Reissue Search Fee	500	250	
Utility Examination Fee	200	100	
Design Examination Fee	130	65	
Plant Examination Fee	160	80	
Reissue Examination Fee	600	300	
Application Size Fee, each add'l 50 sheets > 100 sheets	250	125	

Subtotal (1) and (1a.) \$ 0.00

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	50	25
Each independent claim over 3	200	100
Multiple dependent claims	360	180
For Reissues, each claim over 20 and more than in the original patent	50	25
For Reissues, each independent claim more than in the original patent	200	100

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 =	x	=	

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 =	x	=	

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

Subtotal (2) \$ 0.00

3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
1-month extension of time	120	60	
2-month extension of time	450	225	
3-month extension of time	1020	510	
4-month extension of time	1,590	795	
5-month extension of time	2,160	1,080	
Information disclosure stmt. fee	180	180	180.00
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	500	250	
Filing a brief in support of appeal	500	250	
Request for oral hearing	1,000	500	

Other:

Subtotal (3) \$ 180.00

SUBMITTED BY

Signature	<i>Amy M. Leafly</i>	Registration No. (Attorney/Agent)	47,739	Telephone	(203) 353-6817
Name (Print/Type)	Amy M. Leafly			Date	December 21, 2004

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Dated: December 21, 2004

Signature:

[Signature] (Lori Giuffrida)